

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

107531835  
FILING DATE

APPLICANT/TA

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2		1						52					
3		12						53					
4		2-1						54					
5		12						55					
6		6-1						56					
7		11						57					
8		0						58					
9		0						59					
10		①						60					
11								61					
12								62					
13								63					
14								64					
15								65					
16								66					
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44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL REQ.	1		↓		↓		↓						
TOTAL OCP.	9		←		←		←		↓		↓		↓
TOTAL CLASCS	10												